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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Kichard V. WAGNER Mailing address			⊭ House	☐ Senate	
			District		
26 Mountain Ave			73		
City, zip code	estimates (Terrescondo Area de Companyo e e escabal I	havadarinih layniyarantad adaladari barasaran musurarandi (hasi sang) bigigiyasipan yaya pagyabilasi (silikasibasi sang) (sinikasibasi sang)	Phone	ол доментов и приностичного приности в станова в с	
26 Mountain Ave City, zip code Lewiston 04240			784-0645		
PART 1. INCOME	E DERIVE	D FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer from economic activity of each employer.	m whom yo	u received compensation of \$1,000 or	more. Specify th	e principal type of	
Name of Employer	openity is a horse of manufacture to matter the control of the con	Address		oe of Economic f Employer	
State of Maine	Au	qusta	Governu	eut	
	A CONTRACTOR OF THE CONTRACTOR				
Profession of Profession The Profession of State Profession Pr					
	friedestrien beidelik Scholerich	RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)			
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.					
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic ctivity sociation or similar ss entity)	
Name: Address: Self		Mediation			
Name: Address:					
	,,,	·	epp.		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or perso disclosure is prohibited by law, rule, or an established code of professional ethics, entity or person from whom the income was derived.	n from whom you derived s	such income. If this form of					
Name and Address of Source	Activit	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income					
Name:	v manifestation						
Address:	managan ka kanama sa manamana manamani 11 si ka kida ka ki si kida Laka Si Si Si si	erik kilolika dibik a kilolika sabili kiloliki kiloliki kiloliki kiloliki kiloliki kiloliki kiloliki kiloliki					
Name:	201.0000 A. i.						
Address:							
PART 3. MAJOR AREAS OF PRACTICE							
(For Legislators who are attorneys-at-list your major areas of practice. If associated with a law firm, list the major areas	a constituente de la responsación de la proposición dela proposición de la proposición de la proposición dela proposición de la proposició						
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)					
Name:		Onvolutation					
Address:		The Control of the Co					
Name:		reacher that the second se					
Address:							
PART 4. OTHER SOURCES OF	INCOME						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	m. Do not include gifts. If no	one, check the box.					
None	NYSanga kivitiliyi istoorii iiga qaa qaa qaa qaa qaa ka qaa ka ka ka qaa qa						
Name and Address of Source		Kind of Income (investments, leases, etc.)					
Name: US Severnment		Social security					
Name: TIAA - Charlotte, NC		Interest					
Address: Not 1 Financial Service New York City		Investments.					
PART 5. REPORTABLE LIABI	LITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans fr	received during the reporting rom a relative. If none, checl	g period, and list the major k the box.					
🔼 None							
Name and Address of Creditor		Principal Type of Economic Activity of Creditor					
Name:	r==idrojando						
Address:							
Name:							
Address:	All and a second						

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Includes none, check the box.	ude gifts with an aggregate	value of more than \$300 from a single source. If	
None	$\frac{1}{2} \left(\frac{1}{2} \left$		
Name of Source of Gift		Name of Source of Gift	
1.	3 .		
2.	4.		
PART 7. RI	EPORTABLE HONORAR		
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative responsibilities. If none, check the box.	
None	Sivol 2 (જેલ્લોમાં પ્રદેશ જેલે જેલે ગુજરૂર 2 (જેલ્લોસ) જેલે ગાંધ કોઈ કહે કરે અને પ્રદેશ કરે કરે કરે કરે કરે કર 		
Name of Source of Honoraria		Name of Source of Honoraria	
1.	3.		
2.	4.	The first of the Control of the Cont	
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. If none, check the	
🛛 None	and the desired set in the first of the second		
Name of Agency		Name of Agency	
1.	3.		
	A.	nistakkantah malih 17 malih labih dalam kusal salat mada kumannan masan masan masan permajan apartanggi pada da dada dalah kusal da dalam k	
	IESS WITH STATE AGEN	ana ang manggalang kang panggalang kang panggalang ang kang ang panggalang panggalang panggalang panggalang pa	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in excess of	
None	ett var eine der der der der der der der der der de	Понёт понетней на объектення выполня на принце при	
Name of Agency		Name of Agency	
1.	3.	•	
2.	antitation to the state of the	1998 Art Control Contr	
	<u> </u>		
PART 10. INCOME RECEIVI	ED BY MEMBERS OF IMI	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	l of income represented. If y	received by your spouse or domestic partner or your spouse or domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income	
Name: Lois C. Wagner Job Title: Retired	1. Pension. 2. Social security 3. MSRA	Spouse or 1. Benefit. Domestic 2. Benefit	
Soo rice. Ketured	3. MSRA	Partner 3. Benefit	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	
activity and the kind of income.		Dependent	
		Child	

	PART 11. OF	FICER OR DIRECTOR	POSITIONS		
any office, truste	it or nonprofit corporation, firm, association eeship, directorship, or position of any natu ed. If a family member listed, indicate you	ire. Indicate whether you c	or a family held the	position and whethe	diate family hele or the position
None		**************************************			
	Organization/Business and Address	Tribe	Position Held By:	Family Member's Name	Compen- sated?
Lewiston	· Auburn Callege	Memby Bd.	Self		No
City of	herviston	Menter, Energy Che.	elf		No
ang ang sang Ess		SIGNATURE			
A Legislator wh	no willfully fails to file a required statem	ent is subject to a fine o	f up to \$100. (1 h	M.R.S.A. § 1017-A	
	filing of a false statement is a Class E				
	alse statement, it shall refer its finding				J
				,	
· ·			2 11	. /	
***************************************	Signature		<u> </u>	<u>- /o</u>	<u> </u>
	Olgitatato		<u></u>		
	ADD	ITIONAL INFORMATIO	N		
Please provide	e any additional information below (and you are providing.			e the part or secti	on number for
Part/Section Number	i you are providing.		kifangspelik et periosaan komilik 13 fisioniya eriaan osaan inganisik et ekimilik komilik komilik komilik et e	ann de Nachford an Andreid de Andreid and de Andreid and Andreid and Andreid A	বিশালকৈ প্ৰকৃতি প্ৰকৃতি কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰি
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